



# Procedures For The Registration Of Pregnancy Advice Bureaux



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# PROCEDURES FOR THE APPROVAL OF PLACES WISHING TO BE REGISTERED AS PREGNANCY ADVICE BUREAUX

## INTRODUCTION

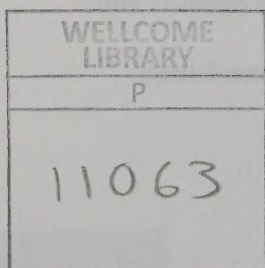
1. The Secretary of State maintains a register of Pregnancy Advice Bureaux. The Secretary of State for Health also has a responsibility, under the Abortion Act 1967, to approve private sector places for the purpose of treatment for termination of pregnancy. Approved places may only accept patients referred from Bureaux on the register.
2. The Secretary of State will consider the registration of a Pregnancy Advice Bureau if proprietors undertake to comply with a set of Required Standard Operating Principles. Section 2 sets out these operating principles in detail.
3. A copy of the application form for the registration of Pregnancy Advice Bureaux may be obtained from the address given below. The Department will consider all applications. This process may include visits to the premises by its medical, nursing and administrative staff.
4. Once a bureau is registered there may be unannounced inspections by departmental officers. The aim of inspections will be to assist proprietors in providing consistent standards of service. Inspectors will be available to provide advice and guidance on matters related to the conditions of the Abortion Act 1967, the terms under which premises are registered and standards of service.
5. Failure to comply with the Required Standard Operating Principles, or to maintain the standards required by the Secretary of State may lead to withdrawal of registration.
6. In registering and inspecting Pregnancy Advice Bureaux, the Department of Health has adopted the principles of the central and local Concordat for Good Enforcement i.e.
  - performance will be measured against agreed standards;
  - there will be openness in dealing with business and others;
  - enforcers will be helpful, courteous and efficient;
  - complaints will be publicised;
  - enforcement decisions will be taken in a proportionate manner; and
  - enforcement officers will strive for high standards of consistency.



7. The contact point for enquiries arising from this compendium is:

Department of Health.  
Room 422 Wellington House  
133-155 Waterloo Road  
London SE1 8UG

Telephone:0171-972- 4191/4527



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## Section 1 – Introduction

1. In July 1993, the Prime Minister announced an initiative to reduce burdens on business through the introduction of a code for enforcement agencies. This document contains the Department of Health's code of practice in respect of the regulation of places approved to carry out termination of pregnancy and registered pregnancy advice bureaux. The code was approved by Health Ministers prior to publication.

2. The Secretary of State for Health has a responsibility under Section 1(3) of the Abortion Act 1967, as amended by Section 37 of the Human Fertilisation and Embryology Act 1990, to approve and monitor private sector places for the purpose of treatment for termination of pregnancy. He also maintains a register of Pregnancy Advice Bureaux. No charge is made for this. Approval or registration depends upon compliance with approval criteria, known as 'required standard operating principles'.

3. The code sets out the level of service that approved places and registered bureaux in the private sector can expect from the Department of Health, including:-

- impartial and fair treatment of applications
- prompt response to enquiries
- clear, concise and unambiguous information and advice
- responsibility to uphold the Secretary of State's 'principles'
- independent review of complaints about the treatment of applications
- value for taxpayers' money in the application of regulations

4. The Department of Health's overall aims are to ensure that we give effective help and advice to those providing abortion services and to pregnancy advice bureaux to help them comply with the requirements of the Abortion Act and the 'principles', and to enable them to feel that they are and will be treated fairly, impartially and with courtesy.



*How the Department of Health will help organisations providing services in connection with the Abortion Act*

5. You are entitled to expect the Department of Health

To be objective

- \* By handling enquiries fairly
- \* By treating all our providers impartially

To help you

- \* To understand how and when the regulations and the 'principles' apply to you and how we may consult you
- \* By providing you with clear and unequivocal advice in reply to general or specific enquiries about the requirements of the Abortion Act 1967 and the 'principles'
- \* By being polite and courteous at all times

To provide an efficient service

- \* By dealing with your enquiries promptly and accurately
- \* By keeping your enquiries strictly confidential
- \* By requiring compliance with regulations, 'principles' and issued guidance
- \* By keeping your costs of compliance to a minimum and where possible consulting you in advance of any change

If you are not satisfied

- \* You can ask us to look at your complaint and for it to be examined at a senior level elsewhere in the Department (see paragraph 2 for address)
- \* You can ask your MP to put your case to the Parliamentary Commissioner for Administration (the Ombudsman)
- \* We will monitor the effectiveness of this complaints system



## **WORKING WITH BUSINESS**

### **THE DEPARTMENT OF HEALTH'S CODE OF PRACTICE FOR APPROVING PLACES FOR TERMINATION OF PREGNANCY UNDER THE ABORTION ACT 1967, AS AMENDED, AND FOR REGISTRATION OF PREGNANCY ADVICE BUREAUX**

1. All of the business conducted by the Department of Health in connection with approvals under Section 1(3) of the Abortion Act 1967, as amended, and with registration of Pregnancy Advice Bureaux, will be carried out fairly and impartially.
2. General or specific enquiries, written or oral, about the requirements of the Abortion Act will be acknowledged within 3 working days and dealt with as quickly as possible by named officials. Only exceptionally will a reply take more than three weeks from the date of receipt. We can be contacted at Room 422, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by 'phone on 071 972 4191/4527/4676 (or fax on 017 972 4113).
3. The conditions on which the Secretary of State's approval or registration depends - known as 'principles', will be clearly set out in writing and made available to those wishing to apply for approval to carry out termination of pregnancy under the Abortion Act, or for registration of a Pregnancy Advice Bureau.
4. It will be made clear to all applicants that failure to comply with any of those conditions could lead to withdrawal of the Secretary of State's approval or registration.
5. On receipt of a request for information in connection with approval or registration, the application forms will be dispatched to the applicant within 3 working days.
6. On receipt of a completed application form, an acknowledgement will be sent within 3 working days.
7. On receipt of an application for approval, the Department will send, within 14 days, a copy for comment to the health authority responsible under the Registered Homes Act 1984 for registering the applicant's premises.
8. On receipt of a response from the registering health authority, and all the necessary documentation and resolution of further enquiries into the application, arrangements for a visit will be made within 14 days to the applicant's premises by the Department's medical, nursing and administrative staff.
9. The visits are part of the approval and registration procedure and will be arranged for a time and date mutually convenient to the applicant and the visiting teams.

10. The applicant will be notified of the Secretary of State's decision by telephone within two working days and in writing within 14 days.

11. Once approval or registration is given, places are subject to unannounced inspection by the Department's medical, nursing and administrative staff.

12. Any matters requiring attention following inspection of approved places or registered bureaux will be discussed at the time and if necessary, notified to the proprietors within three weeks.

13. Prior to the end of the period of approval or registration, the Department will notify proprietors of the need to re-apply for Secretary of State's approval or registration. Proprietors will be required to apply for re-approval or re-registration within approximately one month, and the Department within 7 days will send an acknowledgement of receipt of the application.

14. Notification of the Secretary of States decision following application for re-approval or re-registration will be sent before the start of the new period of approval.

15. We will monitor the effectiveness of our complaints procedure and take any necessary remedial action.

16. Information about the Department of Health's performance in meeting the standards set out in this code will be made available on an annual basis, on request.

Department of Health  
July 1999

## **Section 2**

### **Pregnancy Advice Bureaux (PABx)**

1. Women may obtain advice on pregnancy matters and access to abortion services through a GP, NHS clinic/hospital or a PAB.
2. A PAB may be defined as a “place that provides advice and help to women who may be pregnant”. Services provided include pregnancy testing, medical advice, assessment, counselling and contraceptive advice.
3. Separate approval is required of places wishing to operate as a PAB.
4. All premises seeking approval as a PAB will be required to confirm that they will comply with a core set of principles (known as “Required Standard Operating Principles – RSOPs). In particular, every woman must:
  - have a pregnancy test as appropriate;
  - be fully informed about the choices available to her – including alternatives to an abortion;
  - have the opportunity to receive information on pregnancy matters;
  - receive impartial advice on the termination options that are available to her;
  - be given advice on contraceptive needs.
5. Applicants for approval as a PAB must provide details including ownership, services to be provided, anticipated referral patterns, staffing, layout of the premises etc. A Department of Health visit may be required before approval is given and inspection visits may take place thereafter.
6. All PABx will be required to advise the Department of the aggregated number of referrals for termination that they have made and the number of women whom they are aware of who choose not to have a termination each calendar year. This return should be made by the 1<sup>st</sup> of February of the following year.
7. Taking into account the need to give every woman sufficient time to reflect on her options, we recommend that arrangements are in place to monitor the time between contact with the PAB, consultation with medical staff and / or advisors and referral to a clinic where an abortion is indicated. This is to ensure that there is no unwarranted delay between contact, referral and procedure. It will be the premise proprietor’s responsibility to ensure that waiting times are minimal consistent with good practice.
8. Medical staff who attend PABx may have relatively little experience of surgical abortion requirements whilst highly experienced specialist gynaecologists may have relatively little experience of assessment. In view of the close working relationships which often exists between PABx and many clinics and the benefits



that will be brought to the care of women, it is recommended that close contact and regular exchanges are maintained between medical staff working in the different settings.

9. Clinics / hospitals are prohibited from accepting patients directly from any bureaux which has not been registered as a PAB by the Secretary of State for Health (SofS). Similarly, any bureau not registered by the SofS must not refer patients directly to an approved clinic but to an approved PAB or doctor.

## **REQUIRED STANDARD OPERATION PRINCIPLES**

### **RSOP1 Compliance with the Abortion Act – Completion of Forms**

Timely completion of the notices prescribed by the Abortion Regulations 1991.

Under the Abortion Act 1967, pregnancies are terminated to protect health. Other than in an emergency to save a woman's life, medical practitioners must give their opinions on the reasons under the Act for the termination following consultation with the woman. The Act also requires the practitioner who terminates a pregnancy to provide information about the termination to the Chief Medical Officer.

*Completion of Abortion Act forms is the responsibility of the registered medical practitioners who certify that in their opinion a termination is necessary (HSA1 or 2) or who complete a termination (HSA4).*

### **RSOP2 Notification of Change of Proprietor**

All prospective proprietors must undertake to inform the Secretary of State of any change in the ownership of the controlling business or premises. This is because a new approval is required in every case where the ownership of an approved place changes. Proprietors must also notify any significant deviation from the accommodation or business details applicable when the approval was granted (e.g. changes of senior management and nursing staff, services provided).

## **RSOP3      Professional Guidelines**

Clinical practice and good quality care should be guided by authoritative clinical guidelines and professional opinion such as that provided by relevant Royal Colleges.

*The Royal College of Obstetricians and Gynaecologists (RCOG) have issued a number of documents on the care of women undergoing induced abortion. It is expected that further clinical guidelines will be published during 1999. The Royal College of Anaesthetists has issued good practice guidance<sup>1</sup> that sets out standards which the Royal College of Anaesthetists and Association of Anaesthetists recommend should characterise anaesthetic departments throughout the country. The Royal College of Nursing has also published guidelines for nurses and midwives working with women undergoing the termination of pregnancy<sup>2</sup>*

## **RSOP4      Advice / Consent / Counselling**

All PABx must demonstrate that they have effective services providing advice, medical assessment and counselling. The primary function of medical assessment is to establish whether a woman referred or referring herself for termination has grounds for the termination under the Act. The medical assessment can be assisted by trained, non-medically qualified, clinic staff who help by defining problems the pregnancy would cause, assist the woman to understand and assimilate the new information she needs to make her final decision and provide her with information on associated health matters. There should be information on sources of advice and support for women following termination.

There should also be literature and information on alternatives to abortion – for instance adoption and motherhood – from sources independent of the PAB for women who decide to continue with the pregnancy.

Practice will be monitored as a part of the DH inspection process.

### Consent

The principles of good practice which all registered medical practitioners are expected to follow when seeking patients' informed consent to investigations, treatment, screening or research are set out in documents prepared by the General Medical Council and sent to all doctors<sup>3</sup>.

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<sup>1</sup> Good Practice – A Guide for Departments of Anaesthesia. The Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Northern Ireland. London 1998

<sup>2</sup> Guidelines on the Termination of Pregnancy. The Royal College of Nursing. London 1997

<sup>3</sup> Seeking Patient's Consent: The ethical considerations. General Medical Council 1999

For women over aged 16 who do not have the capacity to give consent, one of the doctors who expresses an opinion on the abortion should, ideally, have experience of dealing patients with mental incapacity.

### Counselling

A person trained and experienced in counselling in this field must be available to attend PABx if required. Counselling must be offered to women who request or who appear to need help in deciding on the management of pregnancy or who are having difficulty in coping emotionally. Counselling should be offered to women under 16 and to those with a history of psychiatric illness, who lack social or emotional support or whom their partner, family or employer is possibly coercing into having an abortion. All staff must realise that a woman may not resolve ambivalence about a pregnancy during a counselling session. Rather, the session helps her clarify her thoughts and facilitates constructive discussion during the next few hours or days. This is often through more effective communication with her partner or some other person who is emotionally close. Women who remain ambivalent after counselling can be given a provisional appointment for admission but must be told that the procedure can be postponed or cancelled and that she remains free to continue with the pregnancy if, on reflection, she decides this would be the most satisfactory outcome.

### Girls under age 16

In the case of girls under 16, every effort should be made during the assessment session to persuade the girl to involve her parents whilst respecting the girl's wishes regarding confidentiality. Girls under 16 are vulnerable and may be under a great deal of pressure to resolve the situation. Safeguards must be in place to ensure that she is free from such pressure. An advocate, such as a General Practitioner (GP), social worker, or independent advocate, may be helpful.

If a girl under the age of 16 has sufficient understanding and intelligence to comprehend fully what is proposed, including the consequences of the action, she is competent to consent to her own medical or surgical treatment.<sup>4</sup> It is for the registered medical practitioner who first interviews the girl to assess her capacity to consent to the treatment before it is provided. That practitioner is also responsible for ensuring that all other health staff who will be involved in the care of the girl know and accept the decision. The doctor must also ensure that all staff are aware of the extent to which the girl is willing for her treatment to be disclosed to parents, relatives, friends, social workers or her general practitioner. GMC guidance of 1999<sup>5</sup> and circular HC(FP)(86)1 refers.

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<sup>4</sup> Gillick v West Norfolk and Wisbech Health Authority [1985] 3 AER 402

<sup>5</sup> Seeking Patient's Consent: The ethical considerations. General Medical Council 1999



A registered medical practitioner who decides that a girl under 16 years old is not competent to give informed consent may find that she is unwilling to allow her parents or social services to be involved. Under these circumstances, while the doctor has a legal duty to obtain consent from a person with parental responsibility, the doctor must explain to the girl the necessity for breaching her confidentiality. She must be told the identity of the person (or people) the doctor will speak to on her behalf. These could be one or both parents or, in the case of a girl in care, the local authority. The person may refuse treatment where they consider that the treatment is not in the child's best interest and the registered medical practitioner is bound by such a refusal that can only be overturned by an order of the court.

## **RSOP5      Abuse of Children and the Vulnerable**

There are special difficulties in managing suspected child abuse, incest or abuse of the very vulnerable in the non-NHS abortion services. The need for a decision on a termination may be urgent because of advanced gestation and both the girl and any accompanying adult usually conceal the truth from assessing staff. The girl may have travelled away from her home area to assist with the concealment. PAB and clinic staff must be alert to the possibility of abuse, particularly when the girl refuses to involve her parents or general practitioner or is accompanied by a controlling adult such as a male relative who wishes to remain particularly close to a girl. When abuse is suspected, the primary concern must be the wellbeing of the girl and any siblings. Clear protocols must be in place for all assessors, medical staff, nurses or counsellors on action to be taken should abuse be suspected. It is suggested that all places should designate a small number of doctors and counsellors to assess all girls under 16. Within the terms of confidentiality, it would be their responsibility to liaise with the appropriate social services child protection group when there is strong evidence that a girl has been abused or when other children are likely to be at risk. Further guidance has been issued as an addendum to "Working Together – Under the Children Act 1989."<sup>6</sup> Similar considerations can arise in the case of vulnerable women (perhaps because of mental handicap).

## **RSOP6      Performance Standards and Audit**

Have in place clear locally agreed standards against which performance can be audited. Although these will be guided by appropriate national standards, it is important that local standards are agreed, applied and audited. Subjects which proprietors may wish to audit include: -

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<sup>6</sup> Child Protection: Medical Responsibilities. Guidance for doctors working with child protection agencies. Department of Health, BMA, Conference of Medical Royal Colleges. London 1994

Waiting times and the conditions in which patients (and when appropriate, their partners) wait before consulting advisors, medical practitioners or counsellors.

The consultation process. For example: the result of consultations; the number of women who do not proceed to a termination.

The availability of 24-hour helplines and response times. The qualifications and expertise of those responding to requests for advice and support. The availability of expert advisors; the nature of the calls received; the number of calls requiring further action.

The provision of services for women with special needs. For example: the availability of trained counsellors for those women at risk of particular psychological or emotional difficulties; the availability of a female doctor for women who wish to consult a woman - especially those from certain cultural backgrounds and ethnic minorities, arrangements for non-English speaking women.

#### **RSOP7 Patient Confidentiality**

Measures must be in place to safeguard patient confidentiality and all staff must be familiar with them. Information for women and professionals must emphasise the duty of confidentiality.

#### **RSOP8 Printed Information**

Orally information should be supported by leaflets that the person requesting an abortion may take away and read before the procedure. Clear leaflets containing accurate, impartial information should be provided including possible adverse reactions following abortion and alternatives to a termination. Depending upon local requirements, these may need to be available in languages other than English. The needs of those unable to read should be considered and appropriate arrangements made to ensure that they are empowered to make an informed choice (e.g. audiotapes). Information provided to women will be monitored as a part of the DH inspection programme. Inspectors will consider the availability, clarity, content, balance and tone in which the information is presented.

#### **RSOP9 Admission Records**

For all contacts, there must be clear arrangements for recording details of the patient's basic identity details (name, date of birth), date of contact, normal address, name and address of a practitioner whom she could contact in the event of concern and the outcome of the visit. Her notes should record documentation given on leaving.

**RSOP10      Staffing**

There must always be sufficient trained and supported staff of the appropriate grades to provide sympathetic support and care of a high quality for women on the premises.

**RSOP11      Complaints Policy**

There must be a recognised and clearly defined complaints policy and a procedure that is made known to all clients. A senior manager, director or proprietor must regularly monitor complaints.

**RSOP12      Payment of Fees**

Women must be free of any fear of exploitation. For instance, DH inspectors may require confirmation that fees are not being demanded or accepted for an abortion either directly or indirectly until two certificates of opinion necessary for a legal abortion under the Act have been given on form HSA1.

**RSOP13      Access to Staff**

Subject to clinical duties, proprietors of premises should assist DH inspectors to have access to clinical staff on duty at the time of a visit (including unannounced visits).

**Maintaining Standards**

1. The approval process will provide a framework for maintaining the quality of care in PABx. In keeping with the concept of clinical governance, the DH will be responsible for ensuring that these are maintained through a system of monitoring within the premises and externally supported by a programme of inspection visits. In addition, any cases of alleged malpractice or sub-standard care will be investigated.
2. Many professional organisations are moving towards a system of continuous professional accreditation involving peer group scrutiny of clinical practice requiring regular attendance for post-graduate training and including recognised standards of professional conduct. Proprietors of PABx will need to ensure that clinical staff (doctors, nurses and midwives) for whom they are responsible are participating in this process and are monitored to ensure that they maintain their professional standards. When necessary, proprietors are encouraged to make time available for continuous professional development.







